PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

106 189 43

CLAIMS AS FILED - PART I							SMALL ENTITY				OTHER	THAN
			(Column 1)		(Column 2)			TYPE		OR	SMALL	
TOTAL CLAIMS			10		1 40			RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	Ī	BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			1 0 11111105 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			V minus 3 =		*		Ī	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							İ	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	column 2	Ĺ	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
(Column 1) (Column 2) (Column 3)							1	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	CLAINA	=		X42=		OR	X84=	
_	I INST FRESE	MATION OF MI	OLITE DEF	LINDEINI	CLAIIVI		\	+140=		OR	+280=	
	1	10						TOTAL		OR	TOTAL ADDIT. FEE	
	·	(Column 1)		(Colur	mn 2)	(Column 3)	Α	ADDIT. FEE		•	AUDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CL AINA	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	1 [X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X42=			X84=	
∀	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM]	A42=		OR	A84=	
	If the natural services is		ha animate e l		- "0"	duran O	_	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		mber Previously P nber Previously Pa							rooriate bo	-		